Schedule E)	PAGE 1 OF 30 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Workers' Voice	C C00484287				
Check if 24-hour report 48-hour report New report Amends report filed o	n M = M / D = D / Y = Y = Y				
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination				
Mailing Address 100 Indiana Avenue, N.W.	10 28 2014				
	Amount				
City State Zip Code	2833.01				
	Transaction ID : D557767 Date of Disbursement or Obligation				
Purpose of Expenditure InKind Staff  Category/ Type  001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office S	Sought: House District: 00				
ALISON LUNDEDCAN CRIMES	President X Senate State: KY				
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For: Primary X General  Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	10 / 28 / 2014 Amount				
Mailing Address 100 Indiana Avenue, N.W.					
City State Zip Code	471.47				
Washington DC 20001 T	ransaction ID : D557769 Date of Disbursement or Obligation				
Purpose of Expenditure InKind Staff  Category/ Type 001	10 28 7 2014				
Name of Federal Candidate Support Office	Sought: House District: 00				
CORY GARDNER	President X Senate State: CO				
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary X General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	3304.48				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler  [Electronically Filed] Date	29 2014				
Signature					

Schedule E)		PAGE 2 OF 30 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Workers' Voice		C C00484287		
Check if 24-hour report 48-hour report Ne	ew report Amends report	filed on		
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLI	TICAL EDUCATION	Date of Public Distribution/Dissemination  10 28 2014		
Mailing Address 100 Indiana Avenue, N.W.		Amount		
City State	Zip Code	7673.96		
Washington DC	20001	Transaction ID : D557774  Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff	Category/ Type 001	10 28 2014		
Name of Federal Candidate	Support	Office Sought: House District:00		
MARK BEGICH	Oppose	President Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary  General   2014  Other (specify) ►		
	Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION  Mailing Address 100 Indiana Avenue, N.W.			
City State	Zip Code	2833.01		
Washington DC	20001	Transaction ID : D557775  Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff	Category/ Type 001	10 28 Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District: 00		
MITCH MCCONNELL	Oppose	President Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures		10506.97		
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>		
(c) TOTAL Independent Expenditures		<b>&gt;</b>		
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler [E	lectronically Filed] Date	10 29 2014		
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amen	ds report filed on Man / Dab / Yayayay
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCAT	Date of Public Distribution/Dissemination
COMMITTEE ON LETTER CARRIERS FOLITICAL EDUCAT	10 / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	471.47
Washington DC 20001	Transaction ID : D557776  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 10 28 2014
Name of Federal Candidate Su	oport Office Sought: House District: 00
MARK ELIDALI	pose President X Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 338589.51	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Davis	
Full Name of Payee I.A.F.F FIRE PAC Non-Federal Account	Date of Public Distribution/Dissemination  10 28 2014
Mailing Address 1750 New York Ave., N. W.	Amount
City State Zip Code	63.49
Washington DC 20006	Transaction ID : D557784  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 10 / 28 / 2014
Name of Federal Candidate Su	pport Office Sought: House District: 00
MARK E UDALL Op	pose President X Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 338589.51	Disbursement For:  Primary  General  2014
(a) SUBTOTAL of Itemized Independent Expenditures	534.96
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 10 29 2014
Signature	

PAGE

OF

Schedule E)	IN EXICIO	TIONES		PAGE 4 OF 30 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼				
Workers' Voice			С	C00484287				
Check if 24-hour report 48-hour report	check if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee I.A.F.F FIRE PAC Non-Federal A	ccount		M = M	blic Distribution/Dissemination				
Mailing Address 1750 New York Ave., N. W.			Amount	28 2014				
City	State	Zip Code		63.49				
Washington	DC	20006		on ID : D557785 sbursement or Obligation				
Purpose of Expenditure InKind Staff		Category/ Type 001	10	28 2014				
Name of Federal Candidate		Support	Office Sought:	House District: 00				
CORY GARDNER		X Oppose	President	Senate State: CO				
Calendar Year-To-Date Per Election for Office Sought	-, -,	338589.51	Disbursement For 2014 Other	:				
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination				
Grassroots Solutions			10	28 / 2014				
Mailing Address 2828 University Avenue SE, #	150		Amount					
City	State	Zip Code		5151.85				
Minneapolis	MN	55414		n ID: D557787 sbursement or Obligation				
Purpose of Expenditure Canvassers		Category/ Type 001	10 <sup>M</sup>	28 Y Y Y Y Y Y Y				
Name of Federal Candidate		X Support	Office Sought:	House District:00				
GARY PETERS		Oppose	President	Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought		224880.82	Disbursement For 2014 Other	r:				
(a) SUBTOTAL of Itemized Independent Expendi	tures		<b>•</b>	5215.34				
(b) SUBTOTAL of Unitemized Independent Exper	nditures							
				4 4				
(c) TOTAL Independent Expenditures			<b>•</b>	7 7				
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize							
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / 29					
Olynatul <del>C</del>								

Sch	nedule E)	71101120		PAGE 5 OF 30 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FE	EC IDENTIFICATION NUMBER ▼
VV	orkers' Voice			C00484287
Che	ck if 🔀 24-hour report 🗌 48-hour report 🔀 New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
1	Full Name of Payee UNITE HERE Local 24		M	
	Mailing Address 300 River Place Drive Suite 2700		Amount	28 2014
	City State	Zip Code		103.36
	Detroit MI	48207		tion ID: D557803 Disbursement or Obligation
	Purpose of Expenditure InKind Staff	Category/ Type 001	M 10	M / D D / Y Y Y
h	Name of Federal Candidate	Support	Office Sought:	House District: 00
	GARY PETERS	Oppose	President	MI
	Calendar Year-To-Date Per Election for Office Sought	224880.82	Disbursement F 2014 Othe	or: Primary X General  or (specify) ▶
	Full Name of Payee Allied Union Services		Date of	
	Mailing Address 240 N Fenway Dr		Amount	
1	City State	Zip Code		6068.06
	Fenton MI	48430-2699		ion ID: D557806 Disbursement or Obligation
	Purpose of Expenditure Fliers	Category/ Type 004	10	
	Name of Federal Candidate	X Support	Office Sought:	House District: 00
	GARY PETERS	Oppose	President	Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	224880.82	Disbursement F 2014 Othe	For: Primary General er (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures			6171.42
(k	b) SUBTOTAL of Unitemized Independent Expenditures			
(0	c) TOTAL Independent Expenditures		· •	7 1 7 1 7
W	Inder penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
	Ms. Elizabeth H Shuler [Electron	onically Filed] Date		29 2014
	Signature			

Schedule E)	NI EXI END	ITOTILO		PAGE 6 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee New Partners Consulting, Inc.			Date of Pu	blic Distribution/Dissemination
Mailing Address 1250 Eye Street, NW #200			Amount	20 2014
City	State	Zip Code		1000.00
Washington	DC	20005		on ID: D557823 sbursement or Obligation
Purpose of Expenditure Online Advertising		Category/ Type 004	10 10	28 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	, , ,	385944.01	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
New Partners Consulting, Inc.			10	28 2014
Mailing Address 1250 Eye Street, NW #200			Amount	النا لنا ا
City	State	Zip Code		250.00
Washington	DC	20005		n ID : D557825 sbursement or Obligation
Purpose of Expenditure Online Advertising		Category/ Type 004	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
DAN SULLIVAN		X Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	7 7	572635.50	Disbursement For 2014 Other	r:  Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			1250.00
/b) CURTOTAL of Uniterpized Independent Evene	dit. was			
(b) SUBTOTAL of Unitemized Independent Expendent	inures		• •	*
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 / 2	
Signature				

Sche	edule E)	1 =/(1 = (1 = )	1101.20		PA(		OF 30 FORM 24/48
	OF COMMITTEE (In Full)						N NUMBER ▼
Woı	rkers' Voice					484287	
 Check	c if $X$ 24-hour report 48-hour report	New repo	port Amends repo	ort filed on	- M / D	D /	Y - Y - Y - Y
Fu	ull Name of Payee JNITE HERE TIP STATE & LOCAL	L FUND			/ M / D	D /	issemination
Ma	ailing Address 275 7TH AVENUE, 11TH FLOOR	Amou	nt	28	2014		
Ci	itv	State	Zip Code	-			280.00
	New York	NY	10001		action ID : I		
	urpose of Expenditure nKind Staff		Category/ Type 001			28	2014
Na	ame of Federal Candidate		Support	Office Sough	t: H	louse D	istrict: 00
М	MARK BEGICH		Oppose	Preside			State: AK
	Calendar Year-To-Date Per Election for Office Sought		572635.50	Disbursemen 2014 O	t For:	Primary  /) ▶	General
\	ull Name of Payee Voices of the Amer. Federation of Gov lailing Address 80 F Street, NW		10	28 /	y y y y y y 2014		
Ci	ity	State	Zip Code				1.06
	Washington	DC	20001		of Disburser		oligation
	urpose of Expenditure nkind Staff Travel		Category/ Type 002		10 /	28 /	2014
Na	ame of Federal Candidate		X Support	Office Sough	nt: X F	House D	istrict: 06
А	NDREW ROMANOFF		Oppose	Preside			State: CO
	Calendar Year-To-Date Per Election for Office Sought	77	1361.12	Disbursemer 2014	nt For:	Primary y) ▶	X General
(a)	SUBTOTAL of Itemized Independent Expenditure	əs		. •	7	-	281.06
(b)	SUBTOTAL of Unitemized Independent Expendit	tures		· •	1 4 1		
(c)	TOTAL Independent Expenditures			· [		1-7-1	
with	der penalty of perjury I certify that the independe h, or at the request or suggestion of, any candida rty committee) any political party committee or its	ate or authorized					
_	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 10	29	2014	Y
,	Signature						

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vorkers' Voice	C C00484287
Ch	eck if X 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Voices of the Amer. Federation of Gov't Employees	10 28 2014
	Mailing Address 80 F Street, NW	Amount
	City State Zip Code	343.34
	Washington DC 20001	Transaction ID : D557835  Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Offi	ce Sought: House District: 00
	GARY PETERS Oppose	President Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought  Diss	
١	Full Name of Payee	Other (specify)
١	Voices of the Amer. Federation of Gov't Employees	Date of Public Distribution/Dissemination
	Mailing Address 80 F Street, NW	10 28 2014 Amount
1	City State Zip Code	108.73
١	Washington DC 20001	Transaction ID : D557837 Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff Category/ Type 001	10 28 2014
1	Name of Federal Candidate Support Offi	ce Sought: House District: 00
١		President Senate State: KY
	Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	452.07
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler [Electronically Filed] Date	10 29 2014
	Signature	

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OF

Schedule E)	INDENT EXICIO	TOTILO	PAGE 9 OF 30 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼					
Workers' Voice			C C00484287					
Check if X 24-hour report 48-hour re	check if Z 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee Voices of the Amer. Federati	on of Gov't Emplo	yees	Date of Public Distribution/Dissemination					
Mailing Address 80 F Street, NW			Amount					
City	State	Zip Code	252.67					
Washington	DC	20001	Transaction ID : D557839  Date of Disbursement or Obligation					
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 28 2014					
Name of Federal Candidate		Support	Office Sought: House District: 00					
MITCH MCCONNELL		X Oppose	President Senate State: KY					
Calendar Year-To-Date Per Election for Office Sought	3	385944.01	Disbursement For:  Primary  General 2014  Other (specify) ▶					
Full Name of Payee Voices of the Amer. Federation	of Gov't Employee	es	Date of Public Distribution/Dissemination					
Mailing Address 80 F Street, NW			Amount					
City	State	Zip Code	53.17					
Washington	DC	20001	Transaction ID : D557840  Date of Disbursement or Obligation					
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate		X Support	Office Sought: House District: 00					
MARK E UDALL		Oppose	President Senate State: CO					
Calendar Year-To-Date Per Election for Office Sought	1 1 7 1 1 7	338589.51	Disbursement For: Primary					
(a) SUBTOTAL of Itemized Independent Ex	rpenditures		. ▶ 305.84					
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •					
(c) TOTAL Independent Expenditures								
	y candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political					
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 29 / 2014					

Schedule E)	01	1 E/ E/ E/ E/			PAGE 10 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In F	-ull)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice					C C00484287
Check if 24-hour report	48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Voices of the Am	er. Federation of G	 Gov't Emplo	yees		of Public Distribution/Dissemination
Mailing Address 80 F Stro	eet, NW	Amou	10 28 2014 unt		
City		State	Zip Code		252.67
Washington		DC	20001		saction ID : D557844 of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel			Category/ Type 002		10 28 2014
Name of Federal Candida	ite		Support	Office Sough	ht: House District: 00
ALISON LUNDERGAN G	RIMES		Oppose	Presid	
Calendar Year-To-Date Per Election for Office		3	885944.01	Disbursemer 2014	ont For:  Primary
Mailing Addunce	r. Federation of Gov Street, NW	r't Employee	es		of Public Distribution/Dissemination  10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code		152.20
Washington		DC	20001		saction ID : D557847 e of Disbursement or Obligation
Purpose of Expenditure InKind Staff			Category/ Type 001	$\exists \mid [$	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candida	ate		X Support	Office Soug	ght: House District: 00
MARK E UDALL			Oppose	Presid	
Calendar Year-To-Da Per Election for Offic		, , ,	338589.51	Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized	d Independent Expenditure	·s			404.87
(b) SUBTOTAL of Unitemi	zed Independent Expendite	ures		· •	
(c) TOTAL Independent E.	xpenditures			· • [	7 1 7 1 7 1
	suggestion of, any candidate	te or authorized			cooperation, consultation, or concert f the reporting entity is not a political
Ms. Elizabeth I	I Shuler	[Electron	ically Filed] Date	e 10	29 / 2014
Signature					

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/orkers' Voice	C C00484287
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
1	Full Name of Payee Voices of the Amer. Federation of Gov't Employees	Date of Public Distribution/Dissemination
1	voices of the Amer. Federation of Gov t Employees	10 28 2014
	Mailing Address 80 F Street, NW	Amount
ı	City State Zip Code	352.48
	Washington DC 20001	Transaction ID : D557851 Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff  Category/ Type 001	10 28 7 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	MARK REGICH	President State: AK
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsement For:
	Full Name of Payee Voices of the Amer. Federation of Gov't Employees  Mailing Address 80 F Street NW	Date of Public Distribution/Dissemination
١	Malling Address 80 F Street, NW	Amount
	City State Zip Code	108.73
		Transaction ID : D557852  Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff  Category/ Type  001	10 28 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	MITCH MCCONNELL Oppose	President Senate State: KY
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	461.21
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler  [Electronically Filed] Date  Signature	29 / 2014
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Schedule E)	LINDLINI EXI LINDI	TOTILO		PAGE 12 OF 30 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼				
Workers' Voice			С	C00484287				
Check if 24-hour report 48-hour I	check if Z 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee Voices of the Amer. Federa	tion of Gov't Emplo	yees	Date of Pub	olic Distribution/Dissemination				
Mailing Address 80 F Street, NW			Amount	28 2014				
City	State	Zip Code		8.12				
Washington	DC	20001		n ID : D557854 bursement or Obligation				
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	28 / 2014				
Name of Federal Candidate		Support	Office Sought:	House District:00				
CORY GARDNER		X Oppose	President	Senate State: CO				
Calendar Year-To-Date Per Election for Office Sought	3	38589.51	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ▶				
Full Name of Payee Voices of the Amer. Federation	n of Gov't Employee	es	M = M	olic Distribution/Dissemination				
Mailing Address 80 F Street, NW			Amount	28 2014				
City	State	Zip Code		7.03				
Washington	DC	20001		ID: D557860 bursement or Obligation				
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	28 / 2014				
Name of Federal Candidate		Support	Office Sought:	House District:00				
CORY GARDNER		X Oppose	President	Senate State: CO				
Calendar Year-To-Date Per Election for Office Sought		338589.51	Disbursement For: 2014 Other (	Primary X General specify) ▶				
(a) SUBTOTAL of Itemized Independent I	Expenditures		<b>•</b>	15.15				
(b) SUBTOTAL of Unitemized Independen	nt Expenditures							
				p 1 4p 1 1 40 1				
(c) TOTAL Independent Expenditures			<b>&gt;</b>	2 22				
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized							
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 29					
Signature				<del></del>				

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE FOR S	13 OF 30 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Workers' Voice			C C004842	287
Check if 24-hour report 48-hour report	New re	port Amends repo	t filed on	/
Full Name of Payee Voices of the Amer. Federation	of Gov't Empl	oyees	Date of Public Distribution 10 28	
Mailing Address 80 F Street, NW			Amount	2014
City	State	Zip Code		152.20
Washington	DC	20001	Transaction ID: D557 Date of Disbursement	7865
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 28	/ Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
CORY GARDNER		Oppose	President X Sena	
Calendar Year-To-Date Per Election for Office Sought		338589.51	Disbursement For: ☐ Pri 2014 ☐ Other (specify) ▶	mary X General
Full Name of Payee AFSCME Special Account			Date of Public Distrib	
Mailing Address 1625 L Street, NW			10 / 28	2014
1023 E Street, NVV			Amount	
City	State	Zip Code		210.96
Washington  Purpose of Expenditure	DC	20036	Transaction ID: D557 Date of Disbursement	
InKind Staff		Category/ Type 001	10 28	2014
Name of Federal Candidate		X Support	Office Sought: Hous	e District: 00
GARY PETERS		Oppose	President X Sena	
Calendar Year-To-Date Per Election for Office Sought		224880.82	Disbursement For: Pri 2014 Other (specify)	mary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			363.16
(a) colling at the mapped and a popular and			7	300.10
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>)</b>	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	AD AT
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 29 / Y	<sup>v</sup> 2014
Olynatul <del>c</del>				

Schedule E)	ENT EXICIO	TIONES		PAGE 14 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee AFSCME Special Account			Date of Publi	c Distribution/Dissemination
Mailing Address 1625 L Street, NW			Amount	28 2014
Otto	Otala	75. 0.1.		000.07
City Washington	State DC	Zip Code 20036	Transaction Date of Dish	900.67 ID: D557874 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	/ 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK BEGICH		Oppose		Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	,,,,	572635.50	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee AFSCME Special Account			M = M	ic Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 Amount	28 2014
City	State	Zip Code		116.94
Washington	DC	20036	Transaction II Date of Disb	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	, , ,	572635.50	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			1017.61
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
				75
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / 29	2014
Signaturo				

Schedule E)	III EX EXE	1101120		PAGE 15 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Workers' Voice				
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
AFL-CIO			M 10	
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		86.49
Washington	DC	20006		tion ID : D557883 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		224880.82	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee AFL-CIO				Public Distribution/Dissemination
Mailing Address			10	
815 - 16th Street, NW			Amount	
City	State	Zip Code		230.14
Washington	DC	20006		on ID: D557886 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M 10	
Name of Federal Candidate		X Support	Office Sought:	House District:00
MARK BEGICH		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		572635.50	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	urae		, , , , ,	316.63
(d) SOBTOTAL OF REHIZED INDOPORTION EXPONDING	JIES			310.03
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	idate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date		29 / 2014
Signature		_		

Schedule E)	I EXI END	TOTILO		PAGE 16 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Workers' Voice				C00484287
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
AFL-CIO			M 10	
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		13.34
Washington	DC	20006		tion ID: D557887 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
MITCH MCCONNELL		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	3	885944.01	Disbursement F 2014 Othe	for: Primary X General er (specify) ▶
Full Name of Payee	-		Date of	Public Distribution/Dissemination
AFL-CIO			M 10	
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code	-	5.56
Washington	DC	20006		ion ID : D557891 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	10	
Name of Federal Candidate		X Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	385944.01	Disbursement F 2014 Othe	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	98			18.90
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·	4 1 4 1 4
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	4.6	29 / 2014
Signaturo				

Schedule E)	L/11 L.112.	101120		PAGE 17 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee AFL-CIO				Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW				28 2014
1 '	State DC	Zip Code 20006		5.97 ction ID : D557898
Purpose of Expenditure Walk Packets		Category/ Type 004	М	Disbursement or Obligation  Description  Des
Name of Federal Candidate		Support	Office Sought:	House District:00
CORY GARDNER		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	3	38589.51	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee AFT Solidarity 527  Mailing Address 555 New Jersey Ave. N.W.			M	f Public Distribution/Dissemination  10
City	State	Zip Code		1556.34
1 '	DC	20001		tion ID : D557901 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M	10 28 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	Presider	nt Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		572635.50	Disbursement 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			· [	1562.31
(b) SUBTOTAL of Unitemized Independent Expenditures	?S			7
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Elizabeth H Shuler	[Electroni	ically Filed] Date	10	29 / 2014
Signature				

Schedule E)	TI EXI END	TTOTILO		PAGE 18 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee AFT Solidarity 527			Date of Public	Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			10 Amount	28 2014
City Washington	State DC	Zip Code 20001	Transaction I	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Man /	ursement or Obligation 28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	224880.82	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	_		Date of Public	c Distribution/Dissemination
AFT Solidarity 527			10	28 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		36.02
Washington	DC	20001	Transaction ID  Date of Disbu	D: D557907 ursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President >	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	7	572635.50	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			118.36
//s) CURTOTAL of Unitersized Index and art Funces	I.A		7	7
(b) SUBTOTAL of Unitemized Independent Expendent	mures		•	7
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / 29	2014
olynature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if X 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
AFT Solidarity 527	10 28 2014
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	64.05
Washington DC 20001	Transaction ID : D557910 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Category/ Type 002	10 28 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
GARY PETERS Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought  224880.82  Disbrace 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
AFT Solidarity 527	10 28 2014
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	2189.31
Washington DC 20001	Transaction ID : D557921 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type 001	10 28 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
GARY PETERS Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2253.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	0 29 2014
Signature	

PAGE

OF

Sch	edule E)	11 E/N E/12.	1101120		PAGE 20 OF 30 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	orkers' Voice				C C00484287
Checl	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
TF	Full Name of Payee COMMUNICATIONS WORKERS OF	· AMERICA \	NORKING VOIC	FS   _	of Public Distribution/Dissemination
N	Mailing Address 501 3RD STREET, NW			Amou	
С	Dity	State	Zip Code	-	45.00
١	Washington	DC	20001		action ID : D557924 of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		10 28 / 2014
N	Name of Federal Candidate		Support	Office Sough	t: House District: 00
N	MITCH MCCONNELL		X Oppose	Preside	ent Senate State: KY
	Calendar Year-To-Date Per Election for Office Sought	3	385944.01	Disbursemen 2014 O	t For: Primary
	COMMUNICATIONS WORKERS OF  Mailing Address 501 3RD STREET, NW			Amou	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	City	State	Zip Code		225.25
	Washington	DC	20001		oction ID : D557925 of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001	N	10 / 28 / 2014
- 1	Name of Federal Candidate		X Support	Office Sough	t: House District:00
N	MARK BEGICH		Oppose	Preside	ent Senate State: AK
	Calendar Year-To-Date Per Election for Office Sought	, , ,	572635.50	Disbursemen 2014	t For: Primary X General
(a)	) SUBTOTAL of Itemized Independent Expenditur	res		. •	270.25
(b)	SUBTOTAL of Unitemized Independent Expendi	itures		<b>-</b>	7 7 7
(c)	) TOTAL Independent Expenditures			· •	
wit	nder penalty of perjury I certify that the independent, or at the request or suggestion of, any candidatry committee) any political party committee or its	late or authorized			
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 10	29 2014
	Signature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) Orkers' Voice	FEC IDENTIFICATION NUMBER ▼
v V	ONCIO VOICE	C C00484287
Che	ck if X 24-hour report 48-hour report New report Amends report filed of	n M = M / D = D / Y = Y = Y
T	Full Name of Payee  COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES	Date of Public Distribution/Dissemination
L		10 28 2014
	Mailing Address 501 3RD STREET, NW	Amount
ı	City State Zip Code	45.00
		Transaction ID : D557926 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel  Category/ Type 002	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office S	Sought: House District: 00
	ALISON LUNDERGAN GRIMES	President State: KY
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For: Primary ⊠ General  Other (specify) ▶
	UFCW Int'l Union Working Families Advocacy Project  Mailing Address 1775 K Street, NW	Date of Public Distribution/Dissemination  10 28 2014  Amount
1	City State Zip Code  Washington DC 20006-1598 T	72.10 ransaction ID : D557930
-		Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff Category/ Type 001	10 28 / 2014
ľ	Name of Federal Candidate Support Office 9	Sought: House District: 00
L	MARK E UDALL Oppose F	President State: CO
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary X General Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures	117.10
(	b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	
٧	Inder penalty of perjury I certify that the independent expenditures reported herein were not made vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler  [Electronically Filed] Date	29 2014
	Signature	

PAGE

OF

Schedule E)		511 511 25	PAGE 22 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
			M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee UFCW Int'l Union Working Fami	lies Advocac	y Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	586.70
Washington	DC	20006-1598	Transaction ID : D557932 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
GARY PETERS		Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought	1-7-1-7	224880.82	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
UFCW Int'l Union Working Families	s Advocacy P	roject	10 28 2014
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	72.10
Washington	DC	20006-1598	Transaction ID : D557935  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
CORY GARDNER		X Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		338589.51	Disbursement For:  Primary  General 2014  Gher (specify) ►
(a) CUPTOTAL of the size of lades and set Forest			00000
(a) SUBTOTAL of Itemized Independent Expendent	altures		> 658.80
(b) SUBTOTAL of Unitemized Independent Expo	enditures		
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	e 10 / 29 / 2014

Schedule E)	<b>L</b> /( <b>L/( <b>L/( <b>L/( <b>L/( <b>L/( <b>L/( <b>L/( <b>L</b></b></b></b></b></b></b></b>			PAGE 23 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New repo	oort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Workers' Voice (OPEIU)			M	f Public Distribution/Dissemination
Mailing Address 80 Eighth Ave			Amoun	
Suite 610 City	State	Zip Code		1025.65
New York	NY	10011		action ID : D557936  f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	М	10 28 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
MARK BEGICH		Oppose	Preside	nt Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	, E	572635.50	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Mailing Address 1125 17TH ST, NW	E (EPEC)/INTI	ERNATIONAL UNION		10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		2876.19
Washington	DC	20036		ction ID : D557940 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 28 / Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought	: House District: 00
MARK BEGICH		Oppose	Preside	nt Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		572635.50	Disbursement 2014 Ot	For: Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expenditures	\$		<b>.</b>	3901.84
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	171171171
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its accommission.	e or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	10 /	29 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature				

Schedule E)	LAPENDI	TIONES		PAGE 24 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New repo	ort Amends repo		" M / D " D / Y " Y " Y " Y
Full Name of Payee AFT Michigan General Fund				of Public Distribution/Dissemination
			M	10 28 2014
Mailing Address 2342 Industrial St.			Amou	nt
City	State	Zip Code		233.44
Grayling	MI	49738		action ID: D557941 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 28 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
GARY PETERS		Oppose	Preside	DAI
Calendar Year-To-Date Per Election for Office Sought	, , , ,	224880.82	Disbursemen 2014 O	t For: Primary ⊠ General
Full Name of Payee Colorado AFL-CIO L2K			Date	of Public Distribution/Dissemination
				10 28 2014
Mailing Address 140 Sheridan Blvd			Amou	int
City	State	Zip Code	-	94.46
Denver	СО	80226		action ID : D557945 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 28 2014
Name of Federal Candidate		X Support	Office Sough	nt: House District:00
MARK E UDALL		Oppose	Preside	ent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		338589.51	Disbursemen 2014	
	, , ,			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	327.90
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) TOTAL Independent Expenditures			· ·	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Elizabeth H Shuler	[Flectron	ically Filed] Date	M M /	20 / 2014
Signature	LEIGHTON	Date	9 10	29 2014

Sch	edule E)	1 EM E. 12.	1101120				PAGE 25 OF 30 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)						FEC ID	DENTIFICATION NUMBER	$\overline{}$
Wo	Workers' Voice					С	C00484287	]
Check	k if X 24-hour report 48-hour report	New repo	ort Ame	nds repo	ort filed on	M = M /	/ D = D / Y = Y = Y	]
TFI (	Full Name of Payee Colorado AFL-CIO L2K					M M	c Distribution/Dissemination	٦
М	Mailing Address 140 Sheridan Blvd				Amou	10 unt	28 2014	٦
С	Dity	State	Zip Code		$-\Gamma$		94.46	
	Denver	CO	80226				ID: D557946 ursement or Obligation	7
	Purpose of Expenditure InKind Staff		Category/ Type	001		10	28 2014	]
N	lame of Federal Candidate		Sı	upport	Office Sough	ht:	House District: 00	
	CORY GARDNER			ppose	Presid	_	Senate State: CO	
	Calendar Year-To-Date Per Election for Office Sought	3	338589.51		Disbursemen 2014	nt For: Other (sp	Primary	I 
	Rocky Mountain Voter Outreach, LLC  Mailing Address 899 Logan Street, Suite 300					10 M	c Distribution/Dissemination	]
С	Dity	State	Zip Code		$ \Gamma$		339.20	٦
	Denver	СО	80203				D: D557955 ursement or Obligation	_
	Purpose of Expenditure Canvassers		Category/ Type	001	]   [	10 <sup>M</sup>	28 / 2014	]
N	Name of Federal Candidate		X Sı	upport	Office Soug	ht:	House District: 00	
	MARK E UDALL			)ppose	Presid		Senate State: CO	
	Calendar Year-To-Date Per Election for Office Sought		338589.51		Disburseme 2014	nt For: Other (sp	Primary X Genera	.l
(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c)	) TOTAL Independent Expenditures				• [	1 7	11414	]
witl	nder penalty of perjury I certify that the independer th, or at the request or suggestion of, any candidat rty committee) any political party committee or its a	te or authorized						
	Ms. Elizabeth H Shuler	[Electron	nically Filed]	Date	10	29	2014	
	Signature							

PAGE 26 OF 30 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)  N/orkoro' Voice						
Workers' Voice		C C00484287				
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Rocky Mountain Voter Outreach, L	LC			of Public Distribution/Dissemination		
Mailing Address 899 Logan Street, Suite 300				10 28 2014		
			Amour	nt		
City	State	Zip Code		100.00		
Denver	СО	80203		action ID : D557958 of Disbursement or Obligation		
Purpose of Expenditure Canvassers		Category/ Type 001	M	10		
Name of Federal Candidate		X Support	Office Sough	t: House District: 00		
GARY PETERS		Oppose	Preside	ent Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought	;	224880.82	Disbursement 2014 Of	t For: Primary ⊠ General		
Full Name of Payee	_		Date of	of Public Distribution/Dissemination		
Rocky Mountain Voter Outreach, LLC	j		M	10 28 2014		
Mailing Address 899 Logan Street, Suite 300			Amou	nt		
City	State	Zip Code		339.20		
Denver	СО	80203		ction ID: D557960 of Disbursement or Obligation		
Purpose of Expenditure Canvassers		Category/ Type 001	М	10 28 7 2014		
Name of Federal Candidate		Support	Office Sough	t: House District: 00		
CORY GARDNER		X Oppose	Preside	ent X Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought	7 7	338589.51	Disbursemen 2014 O	t For:		
( ) OUDTOTUL ( )						
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10	29 2014		
Olynature						

Schedule E)	EXI END	TOTILO		PAGE 27 OF 3 FOR SE OF FORM 24/4	80 8
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	
Workers' Voice				C C00484287	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y	Y
Full Name of Payee AFSCME Florida Special Account				of Public Distribution/Dissemination	
Mailing Address 1625 L Street, NW			Amou	10 28 2014 nt	_
City	State	Zip Code		2.3	37
Washington	DC	20036		action ID : D557966 of Disbursement or Obligation	٦
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		10 28 2014	Y
Name of Federal Candidate		Support	Office Sough	nt: X House District: 0.	2
GWEN GRAHAM		Oppose	Preside	ent Senate State: FI	
Calendar Year-To-Date Per Election for Office Sought		1819.48	Disbursemen 2014	nt For:	eral
Full Name of Payee			Date	of Public Distribution/Dissemination	on
AFSCME for Michigan				10 28 2014	Y
Mailing Address 1625 L Street, NW				20 2014	
			Amou	ınt	
City	State	Zip Code		3022.76	3
Washington	DC	20036		action ID : D557973 of Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001		10 / 28 / 2014	Y
Name of Federal Candidate		X Support	Office Sough	nt: House District: 0	00
GARY PETERS		Oppose	Presid		
Calendar Year-To-Date Per Election for Office Sought	, , ,	224880.82	Disbursemer 2014	nt For:	eral
(a) SUBTOTAL of Itemized Independent Expenditures			·· •	3025.13	Ш
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	1 7 1 1 7 1 1 7	
(c) TOTAL Independent Expenditures				17117117	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized				
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	e 10 /	29 / 2014	
Signature					

Schedule E)	ENT EXI END	ATTOTILES		PAGE 28 OF 30 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼		
Workers' Voice	C	C00484287				
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee AFSCME for Michigan			M M /	Distribution/Dissemination		
Mailing Address 1625 L Street, NW			Amount	28 2014		
City	State	Zin Codo		201.42		
Washington	DC	Zip Code 20036	Transaction II			
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	28 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
GARY PETERS		Oppose	President >	Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought	-,,	224880.82	Disbursement For: 2014 Other (spe	Primary		
Full Name of Payee AFSCME for Michigan			Date of Public	Distribution/Dissemination		
Mailing Address 1625 L Street, NW			Amount	20 2014		
City	State	Zip Code		238.20		
Washington	DC	20036	Transaction ID  Date of Disbui			
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	28 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
TERRI LYNN LAND		Oppose		Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		224880.82	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
			7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	10 29	2014		
Signature						

PAGE 29 OF 30 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Workers' Voice		C C00484287				
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Michigan Nurses Association General Account	С	Date of Public Distribution/Dissemination				
Mailing Address 2310 Jolly Oak Road	A	10 28 2014 Amount				
City State Zip C	ode	106.28				
Okemos MI 48864	4 T	Transaction ID : D557998 Date of Disbursement or Obligation				
Purpose of Expenditure InKind Staff	egory/ Type 001	10 28 / 2014				
Name of Federal Candidate	Support Office S	lought: House District: 00				
GARY PETERS		resident Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought 224880		ement For:				
Full Name of Payee Laborers Political League Great Lakes Region	1	Date of Public Distribution/Dissemination				
Mailing Address 8770 West Bryn Mawr Ave., Ste. 121		10 28 2014 Amount				
City State Zip C	ode	546.92				
Chicago IL 6063	ıı Tr	ransaction ID : D558002 Date of Disbursement or Obligation				
Purpose of Expenditure InKind Staff  Cate	egory/ Type 001	10 28 / 2014				
Name of Federal Candidate	X Support Office S	Sought: House District: 00				
GARY PETERS		resident Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought 224	Disburs 2014	ement For:				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
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Ms. Elizabeth H Shuler [Electronically F	Filed] Date 10	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				

		FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Workers' Voice		C C00484287				
Check if 24-hour report 48-hour report New rep	oort Amends report filed	d on				
Full Name of Payee	201187	Date of Public Distribution/Dissemination				
Kent-Ionia Central Labor Council General Trea	Kent-Ionia Central Labor Council General Treasury					
Mailing Address 918 Benjamin NE		Amount				
City State	Zip Code	95.00				
Grand Rapids MI	49503	Transaction ID : D558004  Date of Disbursement or Obligation				
Purpose of Expenditure InKind Staff	Category/ Type 001	10 28 2014				
Name of Federal Candidate	Support Office	ce Sought: House District: 00				
GARY PETERS	Oppose	President State: MI				
Calendar Year-To-Date Per Election for Office Sought	Disb 224880.82 2014	oursement For: Primary General  Other (specify)				
Full Name of Payee		Date of Public Distribution/Dissemination				
Mailing Address		Amount				
City State	Zip Code					
		Date of Disbursement or Obligation				
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate	Support Office	ce Sought: House District:				
	Oppose	President Senate State:				
Calendar Year-To-Date Per Election for Office Sought		oursement For: Primary General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	······	44915.40				
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	nically Filed] Date	10 29 2014				
Signature						

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